



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
Individual and Isolated Transportation**

State ☐
District ☐
County ☐

DUE DATES:	First Semester	Second Semester
	February 1 to County Superintendent February 15 to State Superintendent	May 10 to County Superintendent May 24 to State Superintendent
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION:		

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date			Signature, Chair, Board of Trustees		
County: 45 Sanders			District: 0802 Plains Elem		District Level: Elementary
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
1	1795	No	Brown, Melissa	1.53	_____
1	1807	No	Cook, Linda	1.00	_____
1	1818	No	Bright, Phyllis	0.68	_____
1	2183	No	Jones, Susan M	1.55	_____



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Date			Signature, Chair, Board of Trustees		
County: 45 Sanders			District: 0808 Paradise Elem		District Level: Elementary
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
8	1808	No	Necessary, Clairica	1.43	_____
8	1809	No	Crawford, Earl & Jeannine	2.25	_____